Sheet1

Circulated By	SD	Signer	Page Num	Full address	City
Willie Edwards	22	Irene Gross	2040	4122 32ND AVE	Kenosha

AFFIDAVIT

STATE OF WISCONSIN) SS SS COUNTY)
Trene Gross, being first duly sworn on oath, deposes and states as follows:
1. I an adult resident of the 22 State Senate District and I am a qualified elector, i.e., either
registered to vote or eligible to register and vote.
2. On at 50th and 39th Ave, I spoke with an
individual who was soliciting passersby to sign a document. Based on what the individual told me, I signed the
document.
4. Later, I learned that the document was a petition seeking a recall election for the State Senate
seat currently held by Senator Wirtel. The individual who requested I sign, did not tell me that the
document was part of an effort to have a recall election ordered for Senator Wirtel. Instead I
was told [led to believe] that the purpose of the document was Someone other Than Senator Wirtel
5. Had I not been misled about the purpose of effect of the petition, I would not have signed it. I do
not and have not supported efforts to have a recall election held for Senator Wir tell 's seat.

Subscribed and sworn to before me this 28 day of April , 2011.

Wotary Public, State of Wisconsin
Iden o sho County

Expires July 21, 2013

RECALL PETITION

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNI THE MUNICIPALITY OF RESIDENCE MUST	CIPALITY OF RESIDENCE, IS NOT S ALWAYS BE LISTED.	SUFFICIENT.			
THE NAME OF SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
10 - n-1//	Ryral address must also include box or fire no.	D Village 5-31143	3-2/-//			
Jun Yoram Melall	10105179 WT	Arcity 5 Town	2.21.11			
Tholol Claxar	Renosha w 534	GICILY JULY	13-21-11			
DARDAIL Valaguit	Kenosha wis 343	O Village 5 3 1 4 5	1 21 11			
William Older	6620 33 VB 200- Kev104m WE 53142	D Village 5 314 5	3-21-11			
Tank Long	3307 60th Street Trompha WI 53144	a City 3 1 41	3-21-11			
That have	Conoshe UZ 5810	U Town U Village Or City	7/24			
Philade	benostre jul 53/44	10 Town 12/44	3/2/1			
may of Williams	4901 37 /2 Ave F1	Town Dyslege 53144	3/21/1			
TRene GROSS	Kenosha wis	Q Town	31211.			
" Cupla O Hoc	Mero Shu	Sucily 53144	11/11			
100 DOLL)	Kenasha	a village 5 3 44	13/84.1			
Certification of Circulator , certify:						
reside at 43 ESOH ST A	(name of circulator) O(4) TUSO O(C) inculator's residence - include number, storet, and municipali	74126				

reside at (circulator's residence - include num	et, stoct, and municipality)
the condensation of the co	e signatures on this paper. I know that the signers are electors of the jurisdiction or the person signed the paper with full knowledge of its content on the date indicated this recall position. I am aware that falsifying this certification is punishable under
opposite his or her name. I know then respectively \$12.13(3)(a), Wis. Stats.	
(date)	(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB.118 (Rev.6/2007) The information on this form is required by §§. \$.40 and 9.40. Wis. Stats.
This form is prescribed by the Government Accountability Heard; P.O. Rev. 1984; Madison, WI 5.1707, 1984
W508-266-8003, http://eaknit.co.

www.RecallWirch.com • RecallWirch@gmail.com